

# RE/MAX REFERRAL FORM

Date: \_\_\_\_\_

Check one: Seller Referral Buyer Referral Other: \_\_\_\_\_

This is a confirmation of referral previously phoned: yes no New Referral: yes no

RECEIVING OFFICE REFERRING OFFICE

Associate: \_\_\_\_\_ Associate: \_\_\_\_\_

Firm: \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

St./Prov: \_\_\_\_\_ ST./Prov: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Status of present home: \_\_\_\_\_

Address: \_\_\_\_\_ Currently listed at: \_\_\_\_\_

City: \_\_\_\_\_ Not yet listed ( Will sell for: \_\_\_\_\_ )

St./Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Sold At: \_\_\_\_\_ Equity: \_\_\_\_\_

Address of property being referred \_\_\_\_\_ Renters

(if different than above): \_\_\_\_\_ Must client sell first? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Reason for move: Transfer New job Other \_\_\_\_\_

Employer: \_\_\_\_\_ Move definite: yes no

Business Phone: \_\_\_\_\_ Authorized: yes no

Comments: \_\_\_\_\_ Referring Office Federal ID#: \_\_\_\_\_

Agent S.S. # or SIN#: \_\_\_\_\_

## ESSENTIAL INFORMATION

Price Range: \_\_\_\_\_ Down Payment: \_\_\_\_\_ Financing: \_\_\_\_\_

Anticipated Mo.Pymt.: \_\_\_\_\_ Area Preferred: \_\_\_\_\_

Homestyle Preferred: House Condo Other: \_\_\_\_\_

New Resale (Age:\_\_\_\_) Number of bedrooms \_\_\_\_\_

Baths: \_\_\_\_ Basement: Garage Single: Double:

Const.: Brick Frame Other \_\_\_\_\_ Family Room:

Fireplace: Formal Dining Patio: A/C:

Other special needs: \_\_\_\_\_

Number in family: \_\_\_\_ Adults: \_\_\_\_ Boys: \_\_\_\_ Girls: \_\_\_\_ Ages: \_\_\_\_\_

School requirements: Elem JHS: HS: College: Spec. Ed.

Expected date of arrival: \_\_\_\_\_ Phone: \_\_\_\_\_

After arrival can be reached at: \_\_\_\_\_

How and when to contact: \_\_\_\_\_

New employer's name and address: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective transfer date: \_\_\_\_\_ Planned date to move: \_\_\_\_\_

## PART II - FINAL DISPOSITION ON REFERRAL RECEIVED

Our check is herewith attached for \$ \_\_\_\_\_ which represents \_\_\_\_ percent of the commission received on the following transaction: \_\_\_\_\_

Client: \_\_\_\_\_ Date of closing: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Prov \_\_\_\_\_ Zip: \_\_\_\_\_

Sale Price: \$ \_\_\_\_\_ COMPLETE IF REFERRAL WAS LOST

Total commission paid at closing: \$ \_\_\_\_\_

LESS: \$ \_\_\_\_\_

Paid to local co-op REALTOR, if any: \$ \_\_\_\_\_

Commission to our office: \$ \_\_\_\_\_

\_\_\_\_\_ percent enclosed \$ \_\_\_\_\_

Comment: \_\_\_\_\_

Referee Rented

Sold/Purchased with other broker

Decided not to move from original city

Unable to contact

Moved to another area/city

Other \_\_\_\_\_

**PART III - REFERRAL FOLLOW-UP REPORT**

Return to: \_\_\_\_\_ Date due: \_\_\_\_\_

Client's Name: \_\_\_\_\_

RE: Seller Referral

- |   |                                     |
|---|-------------------------------------|
| 1. Listed property at: \$ _____           | 1. Sold property to buyer: \$ _____ |
| 2. Property listed by other broker: _____ | Expected closing date: _____        |
| 3. Client Contacted: _____                | 2. No decision, still showing       |
| Will be following up on: _____            | 3. Buyer looking elsewhere          |
| And reporting to you by: _____            | 4. Bought from other broker         |
|   | 5. Unable to contact                |

4. Unable to contact    Lead still active:    yes    no

Comments: \_\_\_\_\_

From: \_\_\_\_\_ Signature: \_\_\_\_\_

**PART IV - REFERRAL ACKNOWLEDGEMENT  
(RETURN TO REFERRING OFFICE ON RECEIPT OF REFERRAL)**

Return acknowledgement to: \_\_\_\_\_

Agreed upon fee: \_\_\_\_\_% of the Listing Selling Commission \_\_\_\_\_

Broker Office: \_\_\_\_\_ Client: \_\_\_\_\_

Referral assigned to: \_\_\_\_\_ (associate) Home Phone: \_\_\_\_\_

Associates office address: \_\_\_\_\_

Property address: \_\_\_\_\_

Progress to date:    Contacted by phone    Sent letter    Met with client  
    Need more information    Unable to contact    Listed    Sold

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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This Internet Referral Form designed by Les Twarog

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